

**SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSING  
REQUEST FROM RECORD HOLDER**

I hereby certify that my name is \_\_\_\_\_  
(First Name) (Middle Initial) (Last Name)

I further certify that my date of birth is \_\_\_\_-\_\_\_\_-\_\_\_\_ and my driver license # is \_\_\_\_\_,  
(month/day/year)

my present address is \_\_\_\_\_  
(Street and/apt.unit) (City) (State) (Zip Code)

my telephone number is ( ) \_\_\_\_\_.  
(include area code)

**NOTARY INFORMATION**

**(THIS FORM MUST BE NOTARIZED OR SIGNED IN FRONT OF A DRIVER LICENSE EXAMINER)**

Subscribed and sworn before me this \_\_\_\_\_, day of \_\_\_\_\_,  
My Commission expires / /

(Seal)

\_\_\_\_\_  
(Notary Public Signature or Examiner's ID number and signature)

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

**This section is**

**only required if you are authorizing someone else to obtain your driving record.**

I HEREBY AUTHORIZE:

\_\_\_\_\_  
(First Name)

\_\_\_\_\_  
(Middle Initial)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Address)

TO OBTAIN MY ABSTRACT OF DRIVER'S OPERATING RECORD INCLUDING MY PERSONAL  
INFORMATION ON THE RECORD.

**SEND FORM ALONG WITH \$5.00 FEE TO:  
DRIVER LICENSING  
118 WEST CAPITOL AVE  
PIERRE SD 57501-2036**

**The record will be mailed to the address you  
provided above. If you would like to receive the  
record via email or fax, please provide that below:**

**INDIVIDUALS MAY ALSO TAKE THE FORM AND FEE  
TO THE FOLLOWING EXAM STATIONS:**

**Aberdeen**

**Watertown**

**Brookings**

**Mitchell**

**Rapid City**

**Yankton**

**Sioux Falls**